COLLABORATING WITH RESIDENTS TO TEACH COLLABORATIVE CARE PLANNING

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Introduction

In the U.S. chronic illnesses account for three-fourths of healthcare costs and are leading causes of death and disability. Unhealthy behaviors often underlie these illnesses.

Collaborative Care Planning (CCP) is a communication technique for facilitating behavior change to improve patient outcomes, but formal instruction and a prototype CCP script did not increase collaboration by our FM Residents with patients to set and track self-management health goals.

Study Aim: To determine whether a teaching method which mimics CCP will increase use of CCP by FM residents.

Methods

Setting: Hospital-based Family Medicine clinic

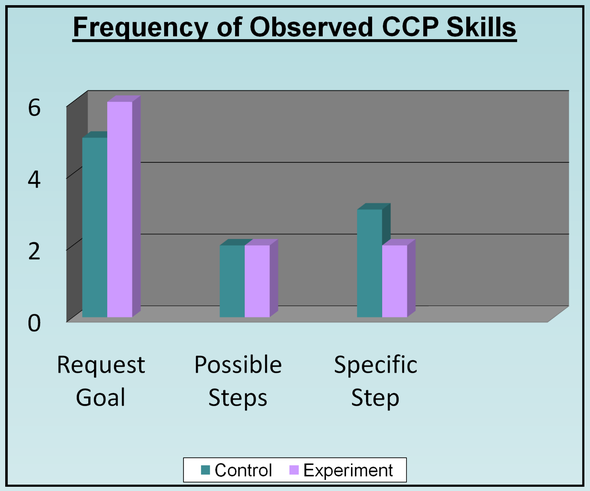
Subjects: 6 second-year residents randomly assigned to Control Group (CCP script) or Experimental Group (CCP script & teaching script)

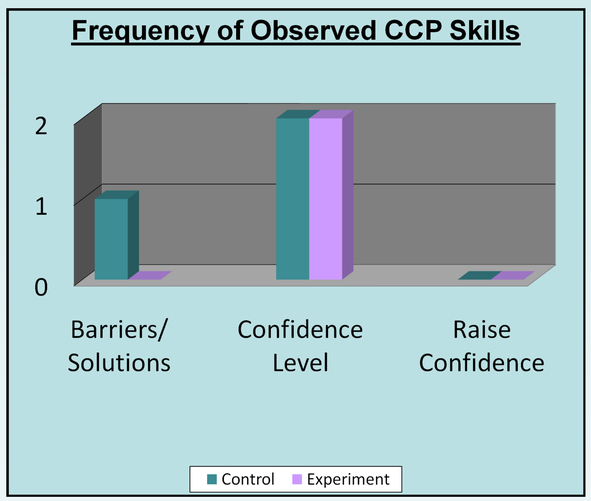
Data Collection: Directly observed 18 clinic visits to note whether Residents demonstrated. any of 6 CCP skills. .

Intervention: With Experimental Group, used a teaching script based on CCP script (see below). Set CCP learning goals before visits; identified barriers to CCP after visits.

1. Ask pt (resident) to set a health (learning) goal
2. Identify ways to reach goal
3. Choose a specific step
4. Identify barriers & solutions
5. Rate confidence (1=lowest 10=highest)
6. Raise confidence

Results





The two bar graphs show that for all 6 skills, the frequencies for the Experimental Group closely match those for the Control Group. During the post-visit queries, subjects in the Experimental Group provided much qualitative data about barriers to engaging patients in CCP.

Barriers to Collaboration

Time Constraints

- **Real** Office hours reduced to 2 hours per session
  Complex cases of unfamiliar patients
- **Perceived** CCP "takes too long"
  Cannot be late to next assignment

Opposing Forces

❖ **Systemic**

Quality vs Quantity of Services

Service vs Education

❖ **Doctor-Patient**

Patient- vs Doctor-Centered Stance

Patient Autonomy vs Patient Welfare

❖ **Within Doctor**

Change vs Routine

Mastery vs Lack of Skillfulness

Conclusions

Limitations: minimal & brief access to few subjects

Increasing the use of CCP to affect behavior change and improve patient outcomes requires identification and elimination of barriers

Barriers come from multiple sources and opposing forces

Future studies can focus on systemic, interpersonal and intrapersonal factors that inhibit use of CCP